<h1 style="text-align:center">Community Support (MH/SA)-Adult Endorsement Check Sheet Instructions</h1>

<u>Introduction</u>

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

<u>Provider Requirements</u>

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

a (1).   **Conditional:** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
Full: If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

a (2).   **Conditional:** New providers; policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. Providers currently billing for Community Support, the DMA enrollment documentation should be reviewed to verify the provider's date of enrollment with DMA.
Full: Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

a (3).   **Conditional and Full**: Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the

Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

a (4). **Conditional**: New providers and providers currently billing for Community Support, review policy and procedure manuals and program descriptions for language demonstrating that services will be delivered in the home, schools, homeless shelters, street and any other community location. Also look for documentation that use of state funds will allow for services in detention centers and jails.
Full: In addition to the above, look for documentation that use of state funds will allow for services in detention centers and jails. Review MOAs and formal/informal agreements with community partners specifying agreement between parties to coordinate and collaborate the delivery of service in specific locations. Review PCP and other service record documentation for documentation specifying services will be provided in community location(s). At this point, only the statement of intent to provide these services is relevant. The service notes and other evidence that the services are actually being delivered is reviewed later in this endorsement process.

b. This is not an evidence-based practice at this time; therefore, this requirement is applied to the extent that the reviewer checks to ascertain that the Community Support Services worker assesses the need that established curricula for interventions are used within the context of Community Support Services and that when a consumer's need indicates, he/she is referred to an evidence-based practice. These criteria are reviewed later in this endorsement process. Reviewer may want to verify provider understands that if consumer needs more intensive services, consumer is to be referred to a more intensive Enhanced service such as Intensive In-Home, MST, CST or ACTT. It is recommended for reviewer to have a discussion about use of best practice models in the Community Support Services delivery, such as Motivational Interviewing and Integrated Dual Disorder Treatment.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

a. **Conditional and Full**: Review employment application, resume, license, certification, or other documentation for evidence of degree and work experience with the target population the provider will serve. In some cases, reviewer may need to verify the source of the degree to ensure that it is a credible and valid degree. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the professional providing Community Support Services. Ensure that employee is trained to fully understand and implement designated level of support (PCP, data, medications, etc.).

b (1). **Conditional:** Review supervision plans to ensure that they are individualized, appropriate for the level of education and experience of staff and that supervision is provided by the Qualified Professional.
Full: In addition to the above, review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional. It is important to note that the rules

allow for the paraprofessional to be supervised by the Associate Professional but the service definition mandates that paraprofessionals must be supervised by a Qualified Professional.

c. **Conditional and Full**: Review employment application or other documentation for high school education or GED and work experience working with the intended target population. Review employee training plans or other documentation demonstrating intent for training and/or training received that is consistent with the role of the paraprofessional providing Community Support Services.

d. **Conditional:** New providers should include in their program description and policy and procedure manuals language demonstrating that the Paraprofessional or Associate Professional is required to have the skill, knowledge and experience to provide the various skill building activities; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; therapeutic mentoring; symptom monitoring and self-management of symptoms, etc. For providers currently billing for Community Support Services, review job description, policy and procedure manual for language demonstrating that the Paraprofessional or Associate Professional is required to have the skill, knowledge and experience to provide the various skill building activities ; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; therapeutic mentoring; symptom monitoring and self-management of symptoms, etc.
Full: In addition to the above, review employee application for evidence that the Qualified Professional have the skill, knowledge and experience to provide coordination & oversight of initial and on-going assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision. Review training plans and records for evidence that training is scheduled or has taken place.

e. **Conditional:** New providers; policy and procedure manuals and program descriptions specifies the intent that the Qualified Professional, CCAS or LCAS hired to provide Community Support Services will have the skill, knowledge and experience to provide, coordination & oversight of initial and on-going assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision. Providers currently billing Medicaid for community Support; review job descriptions, program descriptions and policy and procedure manual for language demonstrating that the Qualified Professional , CCAS or LCAS is required to have the skill, knowledge and experience to provide coordination & oversight of initial and on-going assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision.
Full: In addition to the above, review employee application for evidence that the Qualified Professional have the skill, knowledge and experience to provide coordination & oversight of initial and on-going assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision. Review training plans and records for evidence that training is scheduled or has taken place.

f. **Conditional:** New providers should include in their program descriptions and job descriptions their intent to have all newly hired staff trained within 90 days of hire. For providers currently billing for Community Support Services, review the training plan to ensure that all Community Support Services specific training is scheduled within 90 days of a staff member's employment.
Full: In addition to the above, review training documentation, such as, training certificates demonstrating that all employees for the provider have had the required 20 hrs of Community Support Services training required within the first 90 days of employment. This applies only to the training curricula that have been made available to the LME and the provider.

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Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the CS service and the service delivery system.

a. **Conditional:** New providers should include in the policy and procedure manual and program descriptions the intent that the Qualified Professional (Paraprofessional and Associate Professional as needed) is expected to provide direct interventions on behalf of the consumer in any location in the community with an individual or a group of no more that 8. Also review for language that the Qualified Professional is expected to arrange for, coordinate and monitor services on behalf of the consumer. For providers currently billing for Community Support, review policy and procedure manual, program descriptions and job descriptions for language demonstrating the intent that the Qualified Professional (Paraprofessional and Associate Professional as needed) is expected to provide direct interventions on behalf of the consumer in any location in the community with an individual or a group of no more that 8. Also review for language that the Qualified Professional is expected to arrange for, coordinate and monitor services on behalf of the consumer. For example, reviewer would expect to see PCP indicating Qualified Professional to connect consumer to a recreation program at the YMCA. A review of the service notes should indicate that the Qualified Professional actually connected the consumer to the recreational program at the YMCA and visited the consumer there to monitor that the recreational services were meeting his needs.
Full: In addition to the above, review PCP for evidence that the Qualified Professional is expected to provide direct and indirect interventions with the consumer, in any location. Review service notes for evidence that the Qualified Professional is actually providing indirect and direct interventions in any community location with the consumer. Review claim form for location of service.

b. **Conditional**: New providers should include in the policy and procedure manual and program description the intent that Community Support Services can also include telephone time and collateral contacts to consumer who assist the consumer in meeting goals. For providers currently billing for Community Support, review policy and procedure manual, program Community Support Services can also include telephone time and collateral contacts to persons who assist the consumer in meeting goals.
Full: In addition to the above, review PCP and service notes for evidence that Community Support Services include telephone time and collateral contacts to persons who assist the consumer in meeting goals. Review claim form for supporting information. For example, a reviewer would expect PCP to indicate that the Qualified Professional will monitor progress of the consumer at the recreational program by talking to the staff there on a regular basis. A review of service notes should verify that this is actually happening.

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

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a. **Conditional:** New providers and providers currently billing Medicaid for Community Support review policy and procedure manuals and program descriptions for language demonstrating their intent that services will be provided at least 2 times per month with one of these contacts being face-to-face with the consumer.
   Full: In addition to the above, review service notes, PCP, contact log and/or claim form for evidence that each consumer has received a minimum of 2 contacts per month with one of the contacts being a face-to-face with the consumer.

b. **Conditional**: New providers and providers currently billing Medicaid for Community Support review in policy and procedure manuals and program descriptions for language demonstrating their intent that services will be provided aggregately, 60 % face-to-face with the consumer and 60% in the community.
   Full: In addition to the above, review service notes and/or contact log, and claim forms for aggregate face-to-face contact with the consumer equals 60% of the service delivery time. Review service notes and/or contact log, and claim forms to calculate and ensure that aggregate totals for contact with the consumer in the community equal 60% of the service delivery time.

c. **Conditional**: New providers and providers currently billing Medicaid for Community Support review in policy and procedure manuals and program descriptions for language demonstrating intent that services will be provided at a ration of 1 Qualified Professional to 30 consumers individually and 1 Qualified Professional to 8 consumers in group.
   Full: In addition to the above, review caseload assignment sheet and service record for the numbers of consumers are served per Qualified Professional to not exceed 30 individuals and 8 in group.

d. **Conditional:** Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Qualified Professional will be responsible for the development, monitoring, revising and updating the PCP.
   Full: In addition to the above, review the PCP for evidence that the Qualified Professional was the lead in the development of the PCP and the planning meeting for same. Review revisions, updates and service notes for evidence that the Qualified Professional continued the responsibility for leading PCP planning.

e. **Conditional:** Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Community Support Services provider will ensure provision of first-responder services for all of the consumers. This includes either face-to-face or telephonically 24/7/365, and have the capacity to respond face-to-face within 2 hours, as well as have access to the crisis plans of consumers.
   Full: In addition to the above, review crisis plans and service notes for evidence of crisis plans and that the consumer and/or legally responsible person is aware of the crisis response procedure and the phone number to reach the Community Support Services provider. Review on-call rotation schedules for evidence that after hours crisis response is available. Review procedure for crisis plans to be made available to the Qualified Professioanl on-call. Call crisis number and "mystery shop" to verify access according to requirements.

f. **Conditional and Full**: Review service notes and PCP for evidence the Qualified Professional actually has developed, monitored, revise and updated PCP. Service note verifies the activities actually occurred. and indicates the Qualified Professional facilitated a planning meeting, has had on-going contact with consumer and collateral persons, continues to assess needs and monitor services. Documentation indicates that service interventions such as skill building are indicated on PCP and service notes reflects

that the Qualified Professional actually has monitored the effectiveness of the intervention and revised PCP as needed.

g. **Conditional and Full:** Review service notes that the CS worker is providing consultation, information, assistance, referral and linking, etc. Evidence such as intervention for specific activities identified on PCP, service note indication that other providers and supports are involved in the process. Review service notes and PCP for verification that the Community Support staff have assisted the consumer in accessing benefits such as SSI, VA, etc.; consumer and collateral persons are involved in planning and verify collaboration has occurred with all community partners. Service notes should reflect advocacy activities if required by consumer.

Documentation Requirements

All contacts for Community Support Services must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

Conditional and Full: Review service note for the purpose of the intervention, the specific intervention provided, how effective the intervention was, and how much time was spent providing the intervention, and signature of the person providing the service with their position, degree/certification after the signature. For example, AP provides intervention of teaching how to plan a meal for dinner for the purpose of meeting the goal for John to live independently. AP described the various parts of the meal and offered guidance on choosing from each food group. John was able to appropriately choose from meat and bread food groups but needed some assistance with choosing from vegetable food group. AP offered further examples of how to pick from vegetable food group. John stated he felt he could chose from the different food groups after intervention was finished. Time 1hour. Signed Debbie Webster, AP, BA.